

**My name is SHERRY TENISON. I am the provider or, if the provider is an organization, I am the provider's EXECUTIVE DIRECTOR (title or position) I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.**

**I understand that the Texas Legislature has specified that Family Planning Program funds may not be used to pay the direct or Indirect Costs of abortion procedures provided by HHSC contractors, or distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures. (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 85 (relating to Prohibition on Abortions-Family Planning)). I also understand that to receive Family Planning Program funds I must, if applicable, meet the organization requirements under Health and Human Services Commission Rider 87 of the 2016-17 General Appropriations Act (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 87 (relating to Family Planning Affiliate Requirements)).**

**I understand that I am not qualified to participate in the Family Planning Program or to bill the Program for services if I, or any of my organization's subcontractors, perform or Promote Elective Abortions.**

**By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:**

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions outside the scope of the Family Planning Program.  
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate, as defined on p. 2 of this document, of an entity that performs or Promotes Elective Abortions. Furthermore, my organization, and any of my organization's subcontractors, is legally separate entities from entities that perform or Promote Elective Abortions.  
☒ I affirm that this statement is true and correct.
3. In offering or performing a Family Planning Program service, I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions within the scope of the Family Planning Program.  
☒ I affirm that this statement is true and correct.
4. In offering or performing a Family Planning Program service, I, as well as my organization's subcontractors, maintain physical and financial separation between any Family Planning Program activities and any Elective Abortion-performing or abortion-promoting activity, in particular:
  - a. All Family Planning Program services are physically separated from any Elective Abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any of my organization's subcontractors, receive for performing Family Planning Program services are used to directly or indirectly support the performance or promotion of Elective Abortions by an Affiliate, and my, and any of my organization's subcontractors', accounting records can confirm this;



- d. My organization does not, nor does any of my organization's subcontractors; transfer any funds, through gift or payment, to an entity that performs or Promotes Elective Abortions. My organization and my organization's subcontractors do not share expenses or costs (including overhead, rent, phone, equipment, or utilities) with an entity that performs or Promotes Elective Abortions;
  - e. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - f. Any employee employed by my organization, or any my organization's subcontractors, is not also employed by an entity that performs or Promotes Elective Abortions.  
☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.  
☒ I affirm that this statement is true and correct.
6. I cannot affirm that the statements 1-5 above are "true and correct," but I do affirm all of the following: I do not perform Elective Abortions; none of the funds that I, or any of my organization's subcontractors, receive (or will receive) for performing Family Planning Program services are (or will be) used to directly or indirectly support the performance of Elective Abortions, and my accounting records can confirm this; my organization does not, nor do any of my organization's subcontractors, transfer any Family Planning Program funds, through gift or payment, to an entity for the performance of Elective Abortions; and I comply with all of the requirements of Health and Human Services Commission Rider 87, Sections a - g, under the 2016-17 General Appropriations Act (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 87 (relating to Family Planning Affiliate Requirements)) if applicable.  
☐ I affirm that this statement is true and correct.

***In addition, I understand and acknowledge that:***

- 1. If I fail to complete and submit this certification, I will be disqualified from the Family Planning Program and the Texas Health and Human Services Commission (HHSC) (henceforth, "HHSC") will deny any claims I submit for Family Planning Program services.
- 2. If, after I submit this signed certification, I, or any my organization's subcontractors, perform or agree to perform, or Promote Elective Abortions, I will notify HHSC at least 30 calendar days before such action is taken. If I fail to notify HHSC as required, I will be disqualified from the HHSC Program and HHSC will deny any claims I submit for Family Planning Program services.
- 3. If, while participating in the Family Planning Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the Family Planning Program, and HHSC will deny any claims I submit for Family Planning Program services.
- 4. If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the Family Planning Program, HHSC may place a payment hold on claims submitted by me or my organization for Family Planning Program services until HHSC can make a final determination regarding my eligibility.
- 5. If HHSC determines that I am ineligible to receive funds under the Family Planning Program:
  - a) HHSC may recoup Family Planning Program funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all Family Planning Program claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the Family Planning Program until I comply with the provisions of this certification form.

If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HHSC Program.



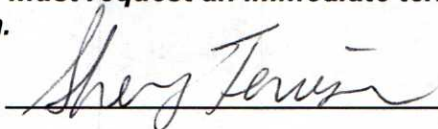
**If statements 1 – 5 are, or alternatively statement 6 is, marked “true,” the effective dates of your certification are as follows: (The effective date of the Certification spans from the contract start date through the end of the contract/project year.)**

**Effective Date of Certification: 07/01/2016 through 08/31/2017.**

**Note:** Each Applicant must complete a new certification form annually and provide it to HHSC prior to execution of a Family Planning Program contract. The certification form will be provided to Applicants and/or contractors as a part of the contracting packet.

**If, after certification, you can no longer affirm that any of statements 1 – 5 are, or alternatively 6 is, true, you must request an immediate termination of your Family Planning Program certification.**

Signature: \_\_\_\_\_



Printed Name: SHERRY TENISON RN, WHNP-BC

Title: EXECUTIVE DIRECTOR

Date: 9-30-16